| • | Requirement: No uirement: 0% DBE ⊠ SBE □ GFE □ | Prime is a | DBE: Yes □ No | o 🗆 |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------|
| ont | d Dollar Amount Requirement: 0%/\$0 cractor: Safety Marking, Inc. : 7/13/17 | | | |
| o: | Scott J. Hoffman Office of Contract Compliance | From: | Carrie A. Cyr Contracts Section | Ext. 2134 |
| | Please indicate if this contractor has an approved Affirmative Action Plan on file? YesNo If yes, indicate the expiration date:No | | | |
| |)) | _ * * | | |
| | Is this Firm enrolled in the OJT Pilot Progra | | No | |
| | · | m?Yes | | meet the pre-award |
| | Is this Firm enrolled in the OJT Pilot Progra | m?Yes | | meet the pre-award Amount Credited (\$) |
| | Is this Firm enrolled in the OJT Pilot Progra In accordance with the provisions, the conti requirements for this contract. | m?Yes | ed the following to | Amount |
| | Is this Firm enrolled in the OJT Pilot Progra In accordance with the provisions, the contrequirements for this contract. Subcontractor | Race/Gender submittal acceptable redit for any line it | Amount Nominated (\$) e by signing belowment but the prime states. | Amount Credited (\$) |